

# LOS ANGELES COUNTY PSYCHOLOGY INTERNSHIP IN CORRECTIONS

2019-2020 Training Year



Accredited by:  
THE AMERICAN PSYCHOLOGICAL ASSOCIATION  
OFFICE OF PROGRAM CONSULTATION AND ACCREDITATION  
750 FIRST STREET, NE  
WASHINGTON, DC 20002  
PHONE: 202-336-5979  
EMAIL: [APAACCRED@APA.ORG](mailto:APAACCRED@APA.ORG)  
WEB: [WWW.APA.ORG/ED/ACCREDITATION](http://WWW.APA.ORG/ED/ACCREDITATION)

## **LOS ANGELES COUNTY PSYCHOLOGY INTERNSHIP IN CORRECTIONS**

### **INTERNSHIP ADMISSIONS, SUPPORT AND INITIAL PLACEMENT DATA**

#### **INTERNSHIP PROGRAM TABLES**

**Date Program Tables were updated August 20, 2018**

#### **Internship Program Admissions**

The Los Angeles County jail system is considered to be one of the largest providers of mental health services in the country and is the setting for the Los Angeles County Psychology Internship in Psychology (LACPIC). The Los Angeles County Department of Health Services/Correctional Health Services provides medical and mental health services in the jail, and is the system under which this internship operates. Interns train in three of the Los Angeles County jail facilities: The Men's Central Jail (MCJ) and the Twin Towers Correctional Facility (TTCF), in downtown Los Angeles, and the Century Regional Detention Center (CRDF), located approximately 15 miles south of the MCJ/TTCF facility, in Lynwood. CRDF houses the majority of the female inmates. Interns will spend six months at each facility.

The unique characteristics of this setting and variability in the length of stay for each inmate-patient place time constraints on assessment and treatment activities. Interns conduct clinical assessments to determine diagnose, recommend treatment, and make recommendations for in-jail housing and aftercare, with a focus on reintegration into the community. Ever-present in this setting is the need for risk assessment and crisis intervention. Interns may gain experience with individuals exhibiting a range of psychological disorders including acute and chronic psychosis, PTSD, anxiety, depression, personality and/or behavioral disorders, as well as suicidality. A large majority of our clients present with co-occurring disorders. Issues of secondary gain may come into play as well.

Although the training ground is in the correctional setting, it is our goal to prepare interns to function as competent and ethical health service psychologists in a broad range of settings. At this internship, the clinical work focuses on symptom reduction, crisis management, relapse prevention and recidivism reduction. Interns are trained in a variety of relevant clinical methods and short-term clinical interventions and will be exposed to a variety of evidence-based treatment approaches tailored for use with this population. Such evidence-based techniques may include Seeking Safety, Acceptance and Commitment Therapy (ACT), Dialectical Behavior Therapy (DBT) Informed Treatment, and Cognitive Behavioral Therapy.

**Does the Program require that applicants have received a minimum number of hours of the following at the time of application? If YES, how many?**

|   |          |          |            |
|---|----------|----------|------------|
| Total Direct Contact Intervention Hours |          | <b>y</b> | <b>400</b> |
| Total Direct Contact Assessment Hours   | <b>n</b> |          |            |

**Additional required minimum criteria for screening applicants:** This internship accepts applications from students attending American Psychological Association (APA)-accredited graduate programs. Preference is given to applicants who have proposed their dissertations prior to the ranking due date. To be internship-eligible for this site, by the start of internship, applicants will have 1) Completed at least three years of graduate study in psychology, 2) Produced at least five integrated assessment reports, 3) Administered, scored and produced integrated reports using data from at least three Wechsler Intelligence Scales (child or adult) and three personality assessment measures (e.g. MMPI, PAI). To supplement the APPIC application, we request all applicants submit one integrated testing report which includes a clinical interview, and test interpretation on measures administered and scored by the applicant. Tests administered should include an intelligence test and a personality measure.

Because there is nearly a full year of experience to be gained between the application submission and the start of internship, we ask that applicants detail their anticipated clinical experience on the APPIC application. For example, applicants should include the various assessment measures they expect to administer, and anticipated hours. Additionally, if applicants anticipate scoring/interpreting assessment results and producing integrated reports, this should also be detailed. Group and individual treatment and anticipated hours should be reported as well. This level of detail will provide our application review team with a better representation of each applicant.

Recruitment for, and acceptance into, the internship program conforms to the Los Angeles County Policy of Equity ([http://file.lacounty.gov/bos/supdocs/070111\\_Equity.pdf](http://file.lacounty.gov/bos/supdocs/070111_Equity.pdf)) and all APPIC selection rules. Final acceptance to the internship requires fingerprint clearance from the Department of Justice, security clearance for the jail, a pre-employment physical and verification of your legal right to work in the United States. This internship encourages the application of ethnic minority and diverse students, and provides an environment supportive of diversity.

### **Financial and Other Benefit Support for Upcoming Training Year\***

|  |            |           |
|--|------------|-----------|
| Annual Stipend/Salary for Full-time Interns              | 38,391.36  |           |
| Annual Stipend/Salary for Half-time Interns              | NA         |           |
| Program provides access to medical insurance for intern? | <b>Yes</b> |           |
| <b>If access to medical insurance is provided:</b>       |            |           |
| Trainee contribution to cost required?                   |            | <b>No</b> |
| Coverage of family member(s) available?                  | <b>Yes</b> |           |
| Coverage of legally married partner available?           | <b>Yes</b> |           |
| Coverage of domestic partner available?                  | <b>Yes</b> |           |

|  |           |
|--|-----------|
| Hours of Annual Paid Personal Time Off (PTO and/or Vacation)   | see below |
| Hours of Annual Paid Sick Leave  | 72        |
| In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave? | Yes       |
| Other Benefits: Paid sick time accrues at a rate of 3.30 hours per pay period (every two weeks). Once sick time has accrued, employees may also access their paid personal time.                       |           |

\*Note: Programs are not required by the Commission on Accreditation to provide all benefits listed on this table.

**Initial Post-Internship Positions**  
(Aggregated Tally for the Preceding 3 Cohorts)

|   | <b>2014-2017</b> |           |
|---|------------------|-----------|
| Total # of interns who were in the 3 cohorts  | 12               |           |
| Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree | 0                |           |
|   | <b>PD</b>        | <b>EP</b> |
| Community mental health center  |                  |           |
| Federally qualified health center   |                  |           |
| Independent primary care facility/clinic  |                  | 1         |
| University counseling center  |                  |           |
| Veterans Affairs medical center   | 3                |           |
| Military health center  |                  |           |
| Academic health center  |                  | 1         |
| Other medical center or hospital  |                  |           |
| Psychiatric hospital  |                  |           |
| Academic university/department  |                  |           |
| Community college or other teaching setting   |                  |           |
| Independent research institution  |                  |           |
| Correctional facility   | 1                | 4         |
| School district/system  |                  |           |
| Independent practice setting  |                  | 2         |
| Not currently employed  |                  |           |
| Changed to another field  |                  |           |
| Other   |                  |           |
| Unknown   |                  |           |

Note: "PD" = Post-doctoral residency position; "EP" = Employed Position. Each individual represented in this table should be counted only one time. For former trainees working in more than one setting, select the setting that represents their primary position.

## **Clinical Rotations**

On most of the rotations, interns participate as members of multidisciplinary treatment teams consisting of nursing staff, psychiatrists, psychiatric technicians, and recreation staff or group providers. Interns will have the opportunity to conduct groups while on each rotation.

### **The High Observation/Service Area Mental Health Services (HOH/MOH)**

rotations focus on inmates with moderate to serious mental health concerns and behavioral issues. Interns provide clinical services to those who are at elevated risk of harm to self or others, may be exhibiting some degree of psychosis, serious mood disturbance and/or those requiring competency restoration. Interns conduct intake assessments and carry a caseload of patients to manage throughout the rotation. Interns may assist in prioritizing patients for admission to the inpatient psychiatric hospital (MHU/CTC). HOH/MOH rotations are available at both TTCF and CRDF with males and females.

The **Mental Health Unit of the Correctional Treatment Center (MHU/CTC)** is the acute psychiatric inpatient hospital housed on the MCJ/TTCF campus. Most of the patients at the MHU/CTC are hospitalized involuntarily according to the Lanterman Petris Short Act (LPS) as danger to self, danger to others, and/or gravely disabled. Patients may also be hospitalized involuntarily pursuant to Incompetent to Stand Trial (IST) orders from the court at both the misdemeanor and felony levels. Duties on this rotation include managing a caseload of inpatients; conducting intake assessments, and individual and group therapy; representing the hospital in probable cause hearings; determining within the team context if patients meet criteria for continued hospitalization, and crisis stabilization services. Interns may conduct release evaluations as well, which requires a working knowledge of LPS criteria and behaviors appropriate for release to the community. Interns may interface with court personnel, guardians, family members and treatment providers for continuity of care.

At the **Inmate Reception Center (IRC)** interns conduct intake assessments with newly booked inmates to determine diagnoses and appropriate housing locations. This is a fast-paced environment where interns develop diagnostic decision-making skills under a degree of time pressure. On this rotation, interns work with a variety of disciplines, including nursing staff, psychiatry, and social workers to make housing determinations focused on level of acuity and safety. Interns on this rotation will also carry a caseload of individual therapy cases at Twin Towers or on the CTC with medical patients experiencing mental health issues. Interns on this rotation will have the opportunity to facilitate groups with male inmates in mental health housing or at MCJ.

**Incompetent to Stand Trial (IST)** rotations are available at both CRDF and TTCF. Felony-level IST patients are housed in the jail as they await transfer to one of the California State Hospitals, or to the Jail Based Competency Program (JBCT), while

most misdemeanor-level IST patients serve their time and receive treatment in the jail environment. The vast majority of IST patients have been court-ordered to receive involuntary medication. The jail has been granted authority, in most cases, to administer involuntary medication pursuant to these orders. Interns may provide competency restoration services, and will participate in preparing status reports to the court. Interns may participate in making recommendations as to which patients may be appropriate for out-of-custody placement as well. Interns will become familiar with the much of the IST system, from the declaration of doubt to competency restoration and the various processes and programs involved. On this rotation, interns will work with inmates individually and in groups.

Additional opportunities within the Los Angeles County jail system may include involvement with complex clinical cases, discipline review, on-call services, and training custody, medical and mental health staff. Complex Case inmates have been high utilizers of both mental health and custody personnel services. Behaviors qualifying inmates for involvement in the Complex Case system may include repeated gestures of self-harm or threats, and/or other behaviors that place these inmates at greater risk and create treatment and management complications. These cases require mental health and custody staff to work closely together to provide consistent interventions and limit-setting under close monitoring. The overarching goal is to reduce risk and to provide the opportunity for these inmates to learn more appropriate and less risk-laden methods of expressing their needs and getting those needs met. Interns may also be involved with the discipline review board, where cases are brought before custody and mental health staff in order to determine safe and appropriate discipline for inmates who have engaged in events or behaviors warranting review. On-call services will provide interns with the opportunity to respond to crises and conduct release evaluations. Interns may have the opportunity to provide trainings for employees who lead groups as well. Additionally, interns train custody and new mental health and medical staff in suicide prevention in the custody setting.

## **TRAINING PHILOSOPHY**

LACPIC seeks to foster the training and professional development of doctoral-level interns for entry-level practice in the field of clinical psychology. Our training program is geared toward the acquisition and consolidation of general clinical skills for the practice of health service psychology. Our program takes a developmental training approach, where expectations of minimum competency increase as interns proceed through the sequence of supervised clinical practice and didactic trainings. Interns assume increased responsibility and independence as they progress through the training year with the goal of proceeding from advanced student-level clinician to entry-level psychologist. Supervisors assess each intern's skill level and devise a graded series of experiences (e.g., observation, participant, co-leader and leader). The interns are expected to learn to integrate health service psychology into a coordinated network of care within the jail. Opportunities for professional development are provided through didactics, mentoring relationships with supervisors, and through professional activities including exposure to and involvement in the internship selection process. Training at the LACPIC

emphasizes refining and enhancing clinical skills and developing a maturing professional identity.

We subscribe to the practitioner-scholar training model based on the core curriculum developed by the National Council of Schools and Programs in Professional Psychology (NCSPP). The primary focus of this internship program is training in the professional practice of health service psychology, informed by scholarly inquiry. In addition, we stress public service to diverse cultural and ethnic populations and the mentally ill.

During the internship year the interns have the opportunity to immerse themselves in the practitioner role, most likely, for the first time in their educational careers. Interns are encouraged to use supervision and didactic seminars to increase their knowledge of practice and of themselves and to integrate this knowledge into their identity as psychologists and their work with their clients. The ability to self-reflect is essential for a successful intern and for a competent and ethical psychologist. We view the internship year as a time to challenge interns to obtain new levels of skill and knowledge and to use this time to build their professional identity while operating under the security provided by the supervision of advanced professionals.

The successful practitioner's work is informed by scholarly writings and research within the field of psychology. We focus on scholarly input via various county trainings and didactic presentations based on scholarly writings and research in specific areas of importance in the field of psychology. We expect that information presented didactically and additional trainings will be integrated into the interns' clinical work as practitioners. Interns are provided the opportunity to integrate this scholarly input through regular supervision discussing clinical assessment, diagnosis, case conceptualization, treatment planning and interventions that are based on scholarly readings and discussions. We also emphasize the scholar role by providing opportunity for interns to present research in various areas relevant to the practice of health service psychology. Interns are encouraged to present their dissertation research or doctoral projects, or to contribute to scholarly knowledge by presenting research in diversity, ethics, evidence-based treatments, or other areas of interest to the intern. We also encourage interns to engage in projects evaluating various aspects of our program. We value the unique perspective of interns and encourage the practice of evaluating the effectiveness of various aspects of our internship program, practices and the clinical services that we provide to clients. Interns are given time each week to conduct their research and prepare for presentations to the intern class.

## **PROGRAM GOALS, OBJECTIVES and COMPETENCIES**

*GOAL 1: To develop competent and culturally sensitive clinicians who are prepared to practice psychology at a professional level.*

### Objective:

A. Increase understanding, awareness, and knowledge of cultural and individual

differences as they relate to the needs of the local community and the general population.

Competencies:

1. Knowledge of self in the context of diversity and ability to recognize influence of self on cross-cultural interactions.
2. Knowledge about the nature and impact of diversity in different clinical situations (e.g., clinical work with specific racial/ethnic/diverse populations).
3. Able to state and recognize norms and values of various local and global cultural groups, specifically the local community.
4. Assess the influence of individual and cultural differences on assessment, diagnosis and treatment of mental health issues.
5. Ability to interact with respect and sensitivity to people of diverse backgrounds.
6. Recognize one's own limitations, such as language skills or knowledge base, and appropriately seek consultation, supervision or make a referral.
7. Develop the skills and habit of seeking and applying theoretical and research knowledge and demonstrate an understanding of the application of such knowledge to issues surrounding cultural and individual diversity.

Objective:

- B. Increase awareness of and adherence to ethical and legal standards.

Competencies:

1. Demonstrate knowledge of state and federal laws, ethical/professional codes, standards and guidelines relevant to the practice of psychology.
2. Demonstrate ability to recognize, analyze and successfully resolve ethical issues.
3. Seeks appropriate consultation when faced with ethical issues.
4. The ability to practice appropriate professional assertiveness related to ethical issues (e.g., by raising them when they become apparent.)
5. The ability to understand and maintain appropriate professional boundaries.
6. Demonstrate evidence of a commitment to ethical practice.
7. Evidences the skills and habit of seeking and applying knowledge of ethical practice and demonstrates an understanding of the application of such knowledge to the area of ethics and legal standards for psychologists.

Objective:

- C. Increase knowledge and skill base in psychological theories and therapeutic interventions, including evidenced-based practices.

Competencies:



1. Able to formulate and conceptualize cases.
2. Able to articulate how theory translates into practice for specific patients or populations.
3. Able to develop and adapt treatment plans in collaboration with clients' strengths, needs and developmental level.
4. The ability to consider and select appropriate treatment modality
5. Ability to effectively modify and adapt psychological interventions to be culturally relevant for each patient.
6. The ability to conduct or co-lead group therapy.
7. Effectiveness at providing crisis intervention services.
8. Knowledge and skill in the application of therapeutic approaches, including evidence-based practices appropriate for this setting.
9. Demonstrates the skills and habit of seeking and applying theoretical and research knowledge and applies this knowledge to psychological interventions.

Objective:

- D. Increase the level of competency in evidence-based practice in psychological assessment and psychodiagnostics.

Competencies:

1. The ability to conduct a clinical interview to obtain a relevant history, generate diagnoses and develop treatment recommendations.
2. The ability to discuss mitigating factors (e.g., history, environment, religion, education, culture, individual and linguistics) in diagnostic considerations.
3. The ability to provide assessments that are responsive to and respectful of culture, linguistics, and other diversity issues.
4. The ability to provide assessments that address referral questions.
5. The ability to formulate and consider alternative diagnoses.
6. The ability to write reports that are well-organized, succinct and provide useful and relevant recommendations.
7. Develop the skill and habit of seeking and applying theoretical and research knowledge and demonstrate an understanding of the application of such knowledge to psychological assessment.

Objective:

- E. To develop requisite skills to provide competent and ethical supervision.

Competencies:

1. Possess a knowledge base of the literature on supervision theory, ethics, and practice from a multicultural/diversity perspective and with awareness of individual differences.
2. The observational and conceptualization skills necessary to identify the developmental levels of supervisees.

3. Demonstrate knowledge of the methods and issues related to evaluating professional work including delivering formative and summative feedback.
4. An awareness of limits of one's own supervisory skills.
5. The knowledge of how supervision responds appropriately to individual and cultural differences.
6. The ability and skills necessary to build a trusting supervisory relationship.

*GOAL 2: To facilitate the psychology intern's development of a professional identity as well as the ability to function effectively in multidisciplinary and diverse community settings.*

Objective:

- A. To demonstrate the ability to communicate findings and engage in consultation with interdisciplinary treatment teams and other professionals (e.g. custody and medical personnel) to address relevant plans and goals.

Competencies:

1. Demonstrates the knowledge of the unique patient care roles of other professionals.
2. Recognizes multiple roles of psychology within a multidisciplinary team in order to effectively provide psychological services.
3. Establishes and maintain respectful and collaborative working relationships with members of other disciplines.
4. Demonstrates the understanding of the consultant's role as an information provider to another professional who will ultimately be the patient care decision-maker.
5. Demonstrates the capacity to dialogue with other professionals while avoiding the use of psychological jargon.
6. Demonstrates proficiency organizing and presenting case material, preparing professional reports for health care providers of other disciplines, agencies, etc.
7. Demonstrates the ability to utilize the expertise of other disciplines.

- B. To establish a professional identity as a health service psychologist including a commitment to continuous professional development.

Competencies:

1. Demonstrates an ability to complete professional tasks in the allotted/appropriate amount of time (e.g., evaluations, notes, reports); arriving promptly at meetings and appointments.
2. Demonstrates an ability to self-identify personal distress, particularly as it relates to clinical work.
3. Demonstrate an ability to seek and use resources that support healthy functioning when experiencing personal distress.

4. Demonstrate a commitment to lifelong learning, reflective practice, and continuous professional development.
  5. Demonstrate awareness of one's identity as a psychologist and the duties and limits of such practice.
  6. Demonstrate an awareness of professional values as reflected in professional attitude when interacting with others.
  7. Demonstrate a commitment to taking a respectful, helpful, professional approach with all patients/clients/colleagues.
- C. To develop the relationship/interpersonal skills and the ability to work independently and collaboratively within a network of community settings (i.e., jail, clinic, and the community).

Competencies:

1. With Patients/Clients:
    - a. Able to take a respectful, helpful, professional approach to patients/clients.
    - b. Able to form a working alliance.
  2. With Colleagues:
    - a. Able to work collegially with fellow professionals.
    - b. Able to support others and their work and to gain support for one's own work.
    - c. Able to provide helpful feedback to peers and receive such feedback non-defensively from peers
  3. With Supervisors, the ability to make effective use of supervision, including:
    - a. Able to work collaboratively with supervisor.
    - b. Able to prepare for supervision.
    - c. Able to accept supervisory input, including direction.
    - d. Able to follow through on recommendations.
  4. With treatment teams:
    - a. Able to participate fully in the treatment team's work.
    - b. Able to understand and observe the treatment team's operating procedures.
  5. With the community:
    - a. Able to communicate professionally and work collaboratively with community professionals.
    - b. Demonstrates an understanding of reciprocal impact of multiple roles and settings on the practice of psychology.
    - c. Able to critically evaluate the multiple roles and settings within which clients and psychologists function.
- D. Develop skills and strategies for scholarly inquiry.

Competencies:

1. Develop skills and habits in seeking and applying theoretical and

- research knowledge.
2. Demonstrate an understanding and application of theoretical and research knowledge related to diagnosis/assessment and intervention, assessment, diversity, supervision, ethics, consultation, reflective practice, and professional values.

Formal written evaluation of interns' performance is recorded on the Intern Evaluation Form which presents the criteria on which competence in various domains is measured.

Clinical Skills Development: Interns are expected to develop the knowledge and skills necessary to work effectively on a multidisciplinary team; to understand the impact of the environmental factors (e.g., incarceration) on mental illness; to understand the impact of co-occurring disorders on mental illness; to demonstrate knowledge of evidence-based practices appropriate for the custody setting; as well as understand theories of community re-integration.

Proficiency Development: Interns are expected to become proficient in culturally relevant services in this setting (e.g., addressing coping skills, enhancement of recovery, and integrating psychology theory into the development of group curricula). Interns are expected to demonstrate clinical proficiency in the use of therapeutic modalities taught/utilized throughout the year.

Clinical and Professional Development: Fifty percent of the internship time is spent providing direct face-to-face services. Intern duties vary somewhat by rotation, but include conducting risk assessments, clinical diagnostic assessments, and needs assessments to determine the appropriate level of care in the jail or community setting. Additionally, interns contribute to aftercare planning focused on obtaining or maintaining psychiatric stabilization in the community. Short-term interventions include reintegration-focused educational and informational groups and psycho-educational groups. The use of Evidence-Based Practices is encouraged. Interns will also be expected to become proficient in crisis intervention. Services provided by interns may include coordinating care with other county agencies and family members and recommending appropriate aftercare services ranging from outpatient clinics to conservatorships and locked placement. Please note that we do not offer formal assessment training at this site.

## **DIDACTICS**

Each week, Interns attend didactic seminars on provided by the psychology staff within the LACPIC, Correctional Health and outside speakers working in the mental health field. Emphasis is placed on the issues relevant public mental health issues with adults in the correctional setting. We emphasize the use of evidenced-based practices for the treatment of severe and persistent mental illness, mindful of ethnic and individual diversity. Additional emphasis is placed on special issues of recidivism reduction and reintegration into the community.

## **SUPERVISION**

Supervision provided as part of this internship will meet the standards mandated by the Board of Psychology in the State of California and the American Psychological Association. All supervisors are licensed in the state of California and recognized by the Board of Psychology. Interns will be provided with no less than two hours of individual supervision with clinical psychologists and two hours of group supervision per week, or 10% of the total hours worked.

At least two hours, or 5% of the workweek is spent in individual supervision provided by the primary supervisor, a licensed psychologist. Any additional supervision time needed will be provided by either the primary supervisor or a delegated supervisor. Individual supervision time will be arranged by the intern and supervisor(s). Group supervision will be provided at the rate of 5% of the work week and led by a licensed psychologist. During the year, each intern will present research and active clinical cases in group supervision. It is expected that all interns will receive individual and group supervision that enhances assessment, diagnostic, and treatment skills; working with community agencies to provide services; and developing leadership skills.

Attendance is mandatory at case conferences, didactics, group and individual supervision.

## **MATCH POLICY**

The Los Angeles County Psychology Internship in Corrections is listed in the APPIC (Association of Postdoctoral and Psychology Internship Centers) directory. This internship site participates in the APPIC Match, and adheres to all APPIC policies. Applicants must use the AAPI online application service to apply to this internship program.

## **DIRECTOR OF TRAINING**

Cheryl D. van der Zaag, Ph.D.  
Chief, Psychological Services/Director of Training  
Los Angeles County Psychology Internship in Corrections

Interested applicants are directed to the APPIC internship site for more information or may contact the Director of Training, Cheryl van der Zaag, Ph.D. at [cdvander@lasd.org](mailto:cdvander@lasd.org).